

## INDUSTRIAL USER WASTEWATER SURVEY

Information must be typewritten or clearly printed. Attach additional sheets if needed to provide complete information. Signing official must have authorization to provide such information on behalf of the company, corporation or partnership. Please complete a form for each facility that discharges to the City's sanitary sewer system.

Please forward the completed form to City of McPherson Wastewater Department, City of McPherson, P.O. Box 1008, McPherson, KS 67460 no less than 120 days prior to beginning a new or modified discharge. If you have any questions, contact the Wastewater Superintendent/Industrial Pretreatment Coordinator at 620-245-2540.

1. Company Name: \_\_\_\_\_

2. Division: \_\_\_\_\_

Briefly Describe Business (i.e. What does your company do?):

\_\_\_\_\_

\_\_\_\_\_

3. Mailing Address:

a. Street or PO Box: \_\_\_\_\_

b. City, State and Zip Code: \_\_\_\_\_

4. Facility Address:

a. Street Address: \_\_\_\_\_

b. City, State and Zip Code: \_\_\_\_\_

5. The person to be contacted about this form:

a. Name: \_\_\_\_\_

b. Title: \_\_\_\_\_

c. Phone Number: \_\_\_\_\_

6. Person to be contacted in case of an emergency:

a. Name: \_\_\_\_\_

b. Title: \_\_\_\_\_

c. Phone Number: \_\_\_\_\_

**7. For existing businesses:**

Is the building presently connected to the public sewer system? Yes  No

If yes, account number (see billing record):

If no, have you applied for a sewer hookup? Yes  No

**8. For new businesses:**

Will you be occupying an existing vacant building (such as in an industrial park)? Yes  No

Have you applied for a building permit if a new facility will be constructed? Yes  No

Will you be connected to the public sewer system? Yes  No

9. Number of employees:  Normal operating schedule:  hours/day  days/week

Total Square Footage of Facility:

10. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category or business activity (check all that apply).

**A. Industrial Categories**

- Aluminum forming
- Battery manufacturing
- Can making
- Coal mining
- Coil coating
- Copper forming
- Electric & electronic components manufacturing
- Electroplating
- Foundries (metal molding and casting)
- Inorganic chemicals
- Iron and Steel
- Leather tanning and finishing
- Metal Finishing
- Nonferrous metals manufacturing
- Nonferrous metals forming
- Organic chemicals manufacturing
- Pesticides manufacturing
- Petroleum refining
- Pharmaceutical
- Plastic and synthetic materials manufacturing
- Plastics processing manufacturing
- Porcelain enamel
- Pulp, paper and fiberboard manufacturing
- Rubber
- Steam electric
- Textile mills
- Timber products (such as wood preserving).

**B. Other Business Activity**

- Auto wash and other laundries
- Auto repair
- Adhesives
- Beverage bottler
- Dairy products (such as cheese manufacturing, milk). Specify:
- Explosives manufacturing
- Food/edible products' processing (e.g. fresh pack, potato processor). Specify:
- Food Establishment
- Gum and wood chemicals
- Hospitals
- Lawn and fertilizing applicators
- Military installation
- Paint and ink
- Pesticide applicator
- Photo – film processing
- Printing and publishing
- Railroad yard
- Slaughter/meat packing/rendering
- Soaps and detergents manufacturing
- Waste recycle
- Other. Specify:

11. Standard Industrial Classification Number(s) (SIC Code):

12. Do you or will you discharge oils, grease, or fats to the public sewer? Yes  No

13. Is there or will you install a grease trap to pretreat your wastewater prior to discharge? Yes  No

14. Is there or will you install a oil/water separator to pretreat your wastewater? Yes  No

15. What is your normal frequency of cleaning the oil/water separator and/or grease trap? Where do you dispose of debris from these pretreatment facilities?

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16. Do you intend to dispose of waste in the sanitary sewer that would otherwise be considered hazardous under the RCRA Hazardous Waste Domestic Treatment Unit Exclusion? Yes  No

17. Is any liquid waste or sludge from this firm disposed of by means other than discharge to the sewer system? Yes  No

18. These wastes may be described as:	Estimated gallons or pounds per year
<input type="checkbox"/> Acids and alkalines	<input type="text"/>
<input type="checkbox"/> Heavy metal sludge	<input type="text"/>
<input type="checkbox"/> Inks/dyes	<input type="text"/>
<input type="checkbox"/> Oil and/or grease	<input type="text"/>
<input type="checkbox"/> Organic	<input type="text"/>
<input type="checkbox"/> Paints	<input type="text"/>
<input type="checkbox"/> Pesticides	<input type="text"/>
<input type="checkbox"/> Plating wastes	<input type="text"/>
<input type="checkbox"/> Pretreatment sludge	<input type="text"/>
<input type="checkbox"/> Solvents/thinners	<input type="text"/>
<input type="checkbox"/> Other hazardous wastes (please specify)	<input type="text"/>
<input type="checkbox"/> Other wastes (please specify)	<input type="text"/>

19. For the above-checked wastes, does your company practice:

Onsite storage                       Onsite disposal

Offsite storage                       Offsite disposal

20. Briefly describe the method (s) of storage or disposal checked above:

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21. For offsite storage and disposal, provide the name of hauler and facility receiving wastes:

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22. Have you been issued a local, state, or federal environmental permit? Yes  No   
If yes, please list the permits.

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23. Do you or will you have chemical storage containers, bins or ponds at your facility? Yes  No

If yes, please attach a description of their location, contents, size, type and frequency and method of cleaning. Indicate if buried metal containers have cathodic protection.

24. Do you or will you have floor drains in your manufacturing or chemical storage area? Yes  No

25. If you have chemical storage containers, bins, ponds or floor drains in your manufacturing area, could an accidental spill lead to a discharge to:

- an onsite disposal system
- public sewer system (e.g. through a floor drain)
- storm drains
- to ground
- other Specify: \_\_\_\_\_
- not applicable, no possible discharge to any of the above routes

26. Do you have an accidental spill prevention program (ASPP) to prevent spills or chemicals or slug discharges from entering the City's sewer collection system?

- Yes (submit ASPP if applicable)
- No
- Not applicable since there are no floor drains and/or discharge, only domestic wastes

27. Do you or will you discharge wastewater (other than domestic waste from bathrooms, toilets, etc) to an onsite disposal system? Yes  No

If yes, please attach a description of the discharge and onsite disposal system. Also indicate if the contents are removed, by whom and the ultimate disposal site.

28. Are any process changes or expansions planned during the next three years? Yes  No

If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

29. Please describe on a separate sheet previous spill events and remedial measures taken to prevent them from recurring.

30. Do you or will you discharge wastewater (other than domestic waste from bathrooms, toilets, etc.) to the public sewer system?

Domestic only  Domestic & Process Wastewater  Process Wastewater Only  No discharge

31. **New businesses (proposing to discharge or not operating yet):**

\*Note: Process wastewater is defined as any wastewater discharged other than that from restrooms

A. Are you:

- 1. A new business planning to occupy an existing vacant building?
- 2. A new business planning to construct a new building?
- 3. An existing business proposing to discharge process wastewater?

B. The characteristics of the wastewater to be discharged is as follows:

- 1. Daily volume (gallons):  
Minimum: \_\_\_\_\_  
Average: \_\_\_\_\_  
Maximum: \_\_\_\_\_
- 2. Maximum temperature (°F): \_\_\_\_\_
- 3. pH (Standard units): \_\_\_\_\_
- 4. Fats, oils, grease (mg/L): \_\_\_\_\_
- 5. BOD (mg/L) \_\_\_\_\_
- 6. TSS (mg/L) \_\_\_\_\_

C. If you plan on discharging process wastewater, will a pretreatment system be constructed to treat the proposed discharge? Yes  No

If yes, describe the treatment system. (Provide a copy of plans and specifications to the City).

D. Provide below a compliance schedule for the following applicable times (best estimate):

1. Construction of facility and manufacturing process lines

\_\_\_\_\_

(Commencement and completion dates):

2. Construction of pretreatment facility and sampling manhole and monitoring instrumentation.

\_\_\_\_\_

(Commencement and completion dates):

3. Operational date: \_\_\_\_\_

4. Date for commencement of discharge: \_\_\_\_\_

5. Date for submittal of ASPP plan: \_\_\_\_\_

**Authorized Representative Statement:**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that the sampling results reported are representative of normal work cycles and expected pollutant discharges.

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Name (print)**

**Title**

**Date**

**Phone**